

Application for Health Coverage and Help Paying Costs

Appendix D

Adults Over Age 19 with Disabilities and Other Adults age 65 and Over, Including People Who Need Long-term Care Services

When to use Appendix D

Complete Appendix D if you are applying for Medical Assistance for someone who is:

- age 19 years or over and disabled,
- age 65 years or over,
- any age and needs Long-term Care Services.

What is Appendix D Used For?

Appendix D gathers additional information needed to determine your eligibility for Medical Assistance.

Appendix D is not a stand-alone application. You must also complete the Application for Health Coverage and Help Paying Costs and submit Appendix D with the application.

Section 1. Household Information

1. Has anyone in your household ever applied for or received any Medical Assistance from a social service agency in another state or Virginia city or county? ☐ Yes ☐ No

— If **yes**, please indicate which state or Virginia city or county below:

2. Is anyone in your household temporarily away from home? ☐ Yes ☐ No

— If **yes**, please provide the following information:

Name

Date Left

Reason for Leaving Where is the person currently staying?

Where is the person currently staying?

Expected Return Date

3. Has anyone in your household ever been determined to be disabled by the Social Security Administration?

☐ Yes ☐ No — If **yes**, please provide the name of the individual:

Name

Name

Answer questions 4-10 if any applicants are under age 65 years.

4. Are you or is anyone for whom you are applying disabled?

☐ Yes ☐ No

— If **yes**, please provide the name of the persons:

Name of Person

Name of Person

5. Have you or anyone for whom you are applying ever applied for Social Security, Supplemental Security Income (SSI) or Railroad Retirement benefits as a disabled person? ☐ Yes ☐ No

— If **yes**, please provide the name of the persons and date of application:

Name of Person and Date of Application

Name of Person and Date of Application

6. If the application for Social Security, Supplemental Security Income (SSI) or Railroad Retirement benefits was denied, did you file an appeal of the denial? ☐ Yes ☐ No

— If **yes**, please tell us the outcome of the appeal.

7. Has it been less than 12 months since the most recent application for Social Security, Supplemental Security Income (SSI) or Railroad Retirement benefits was denied? ☐ Yes ☐ No

8. Has the condition changed or worsened since the most recent application for disability was denied?

☐ Yes ☐ No

9. Do you or your spouse have a new medical condition since the most recent application for disability was denied? ☐ Yes ☐ No

10. Have you or your spouse ever received Supplemental Security Income (SSI), disability benefits from the Social Security Administration or Auxiliary Grant payments? ☐ Yes ☐ No

Has the payment stopped? ☐ Yes ☐ No

—If **yes**, explain whose payment stopped, when it stopped, and why it stopped.

Section 2. Long-term Care

Answer questions 11-14 if you are applying for anyone who is in a nursing facility or assisted living facility, or who requires nursing home care or assistance to remain in the home.

11. Do you or your spouse need nursing facility care or help such as bathing, dressing, toileting, etc., so that you can remain in your own home? ☐ Yes ☐ No

—If **yes**, and there is a spouse who lives somewhere else, what is the name and address of the spouse?

(Note: Under Virginia law persons are considered married and legally responsible for each other until they divorce.)

12. Do you or your spouse live in one of the following:

☐ Assisted Living Facility (ALF) ☐ Nursing Facility ☐ Group Home ☐ Hospital or other Medical Facility

— If you checked one of the above, please provide the following information:

Name

Date of Entry

In What County Was the Prior Address?

Person's address prior to entering the facility

Facility Name

Facility Address

Was placement made by a State agency? ☐ Yes ☐ No

13. Does the individual in the nursing facility or requiring assistance in the home have long-term care insurance? ☐ Yes ☐ No — If **yes**, please provide the following information:

Name of Insurance Company

Address

City, State, ZIP

Policy Number

Person(s) Insured

Is this a Partnership Policy? ☐ Yes ☐ No

14. Have you or your spouse sold, transferred, placed in a trust/annuity, or given away any resources, such as your home or other real property, cash, bank accounts, or cars in the last sixty (60) months (5 years)?

☐ Yes ☐ No — If **yes**, please provide the following information:

Type of Property Transferred	\$ Value at Transfer	\$ Amount Received	Date of Transfer
From Whom	To Whom		
Explain the Reason for Transfer			
Note: If more than one transfer has occurred, please attach documentation.			

Section 3. Resources and Assets

16. Do you or your spouse have any money/cash on hand that is not in a bank? ☐ Yes ☐ No

— If **yes**, please provide the following information:

Name	\$ Amount
Name	\$ Amount

17. Do you or your spouse have any of the following resources? ☐ Yes ☐ No

— If **yes**, please check the boxes that apply and provide the information requested below:

☐ Checking, Savings
☐ Credit Union

☐ Deferred Compensation Plan
☐ Certificate of Deposit (CD)

☐ Christmas Club
☐ Money Market Funds

1.

Owner Name

Co-Owner Name

Name of Bank	Account Type	Account Number	\$ Balance/Value
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2.

Owner Name

Co-Owner Name

Name of Bank	Account Type	Account Number	\$ Balance/Value
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3.

Owner Name

Co-Owner Name

Name of Bank	Account Type	Account Number	\$ Balance/Value
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Is your income (Social Security or SSI benefits, retirement pension, wages, etc.) deposited directly into any of the accounts you listed? ☐ Yes ☐ No If yes, which account? _____

18. Do you or your spouse have any stocks or bonds, trust funds, pension plans, retirement accounts, trusts, annuities, promissory notes, or deeds of trust? ☐ Yes ☐ No

— If yes, please provide the following information:

1.

Owner Name

Co-Owner Name

Where is the Account Held?

Account Type

Account Number

\$

Balance/Value

2.

Owner Name

Co-Owner Name

Where is the Account Held?

Account Type

Account Number

\$

Balance/Value

3.

Owner Name

Co-Owner Name

Where is the Account Held?

Account Type

Account Number

\$

Balance/Value

19. Do you or your spouse have any life insurance? ☐ Yes ☐ No

— If yes, please provide the following information:

1.

Owner Name

Person Insured

Type of Insurance (whole life or term)

Company Name

Policy Number

\$

Face Value

\$

Cash Value

2.

Owner Name

Person Insured

Type of Insurance (whole life or term)

Company Name

Policy Number

\$

Face Value

\$

Cash Value

3.

Owner Name

Person Insured

Type of Insurance (whole life or term)

Company Name

Policy Number

\$

Face Value

\$

Cash Value

20. Do you or your spouse have burial plots, burial arrangements, or trust funds for burial? ☐ Yes ☐ No

— If **yes**, please provide the following information:

Owner(s)	Item/Type	\$ Value/Amount Owed
Owner(s)	Item/Type	\$ Value/Amount Owed
Owner(s)	Item/Type	\$ Value/Amount Owed

21. Do you or your spouse have real property, including home property, life rights/estates, shares in undivided heir property, land, buildings, or mobile homes? ☐ Yes ☐ No

— If **yes**, please provide the following information:

Owner(s)	Type of Property/Number of Acres	\$ Value/Amount Owed
Do you live on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this property currently for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this property rented? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive money from this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

22. Do you or your spouse have any licensed or unlicensed cars, trucks, vans, boats, motor homes, recreational vehicles, utility trailers, motorcycles, or mopeds? ☐ Yes ☐ No

— If **yes**, please provide the following information:

Owner(s)	Year-Make-Model	\$ Value/Amount Owed
Owner(s)	Year-Make-Model	\$ Value/Amount Owed
Owner(s)	Year-Make-Model	\$ Value/Amount Owed

23. Do you or your spouse have any property that is used in the operation of a business, such as farm equipment, tools, or livestock? ☐ Yes ☐ No

— If **yes**, please provide the following information:

Owner(s)	Type	\$ Value	\$ Amount Owed
Owner(s)	Type	\$ Value	\$ Amount Owed

24. Do you or your spouse expect a change in resources this month or next month? ☐ Yes ☐ No

— If **yes**, please explain below and give the date the change is expected:

Date Change Expected

29. Does anyone help you pay, or lend you money to pay rent, utilities, medical bills, or any other bills?

☐ Yes ☐ No

— If **yes**, please provide the following information:

Person Receiving Money

Person Providing Help

Type of Help Received

\$
Amount

Does the money come directly to you?

☐ Yes ☐ No

Is this a loan?

☐ Yes ☐ No

Is repayment expected?

☐ Yes ☐ No

Person Receiving Money

Person Providing Help

Type of Help Received

\$
Amount

Does the money come directly to you?

☐ Yes ☐ No

Is this a loan?

☐ Yes ☐ No

Is repayment expected?

☐ Yes ☐ No

Section 4. Commonwealth of Virginia Voter Registration Agency Certification

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)**

- ☐ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- ☐ Yes, I would like to apply to register to vote. (please fill out the voter registration application form)
- ☐ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time.

Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, phone (804) 864-8901.

Applicant Name

Signature

Date

(for agency use only)

Voter Registration form completed: ☐ Yes ☐ No

Voter Registration form given to applicant for later mailing (at applicant's request): ☐

Agency Staff Signature

Date